

Toll-Free: (800) 821-2251

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## **Dependent Care Assistance Plan (DCAP)**

(Formerly known as Dependent Care or Dependent Day Care Reimbursement Account)

## Payroll Deduction Estimating Worksheet (for eligible daycare expenses)

(for eligible daycare expe

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es)

FOR OFFICE USE ONLY

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## Benefit Year July - June

 ESTIMATED DEPENDENT CARE EXPENSES.
For example, for July you should list the estimated cost of care to be provided during July, regardless of when you will pay for it.

If you aren't sure if you will be taking a vacation during the benefit year, it is recommended that you underestimate your expenses to avoid forfeiting a portion of what you contribute into the plan.

		2	\$ /12 months
Estimated Dependent Care Expenses		1	\$
TOTAL Benefit Year			
JUNE	\$		
MAY	\$		
APR	\$		
MAR	\$		
FEB	\$		
JAN	\$		
DEC	\$		
NOV	\$		
OCT	\$		
SEPT	\$		
AUG	\$		
JULY	\$		

2. ESTIMATED MONTHLY PAYROLL DEDUCTIONS. Divide line 1 by 12 to estimate your monthly payroll deduction for the benefit year.

3. MONTHLY PAYROLL DEDUCTION. Must be in whole dollars.

**WARNING:** Overestimating your monthly payroll deduction will result in losing the balance in your Dependent Care Assistance Plan at the end of the benefit year. Participants have 60 days after the end of a benefit year to file all remaining claims for the benefit year.

3 Whole Number Only

\$ .00

(This is the estimated monthly amount you may choose to contribute to the Dependent Care Assistance Plan.)